

Application Data Sheet

APPLICATION INFORMATION

Application Number::
Filing Date:: April 19, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: FREE-FLOWING LYOPHILIZED
TOBRAMYCIN FORMULATION
Attorney Docket Number:: 217538
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: K.
Middle Name:: Keith
Family Name:: Kwok
City of Residence:: Long Grove
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 5564 Old Field
City of mailing address:: Long Grove
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60047

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kang yong
Middle Name::
Family Name:: Yang
City of Residence:: Flossmoor
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 3128 Elaine Court
City of mailing address:: Flossmoor
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60422

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: American Pharmaceutical Partners, Inc.
Street of mailing address:: 1101 Perimeter Drive, Suite 300
City of mailing address:: Schaumburg

State or Province of mailing address::	IL
Country of mailing address::	US
Postal or Zip Code of mailing address::	60173-5837